2013

Mitchell County Community Health Improvement Plan

TOE RIVER HEALTH DISTRICT

Avery · Mitchell · Yancey County Health Departments

NORTH CAROLINA Accredited Health Department 2009-2013 Local Health Department Accreditation Board

2013 Mitchell County
COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)

ACKNOWLEDGEMENTS

This document was developed by the Toe River Health District in partnership with Blue Ridge Regional Hospital t as part of a community-wide action planning process.

This CHIP format draws heavily on the work of the Wisconsin Association of Local Health Departments and Boards (WALHDAB), particularly their Template Implementation Plan, as well as actual examples from Bexar County, Texas. This product was also informed many other organizations, which can be found in the reference section at the end of this document.

Our collaborative action planning process and community health improvement plan (CHIP) product were also supported by the technical assistance and tools available through our participation in WNC Healthy Impact, a partnership between hospitals and health departments in Western North Carolina designed to improve community health.

The principal source of secondary health data for this report was the NC State Center for Health Statistics (NC SCHS), including its County Health Data Books, Behavioral Risk Factor Surveillance System, and Vital Statistics unit. Other health data sources included: NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services; National Center for Health Statistics; NC DETECT and the NC DPH Oral Health Section.

Please contact Jessica Farley, Health Promotions Coordinator, Toe River Health District jessica.farley@trhd.dst.nc.us if you have any questions or would like to discuss more about how to get involved in moving forward the strategies outlined in this community health improvement plan (CHIP).

Executive Summary

Overview of Process and Purpose

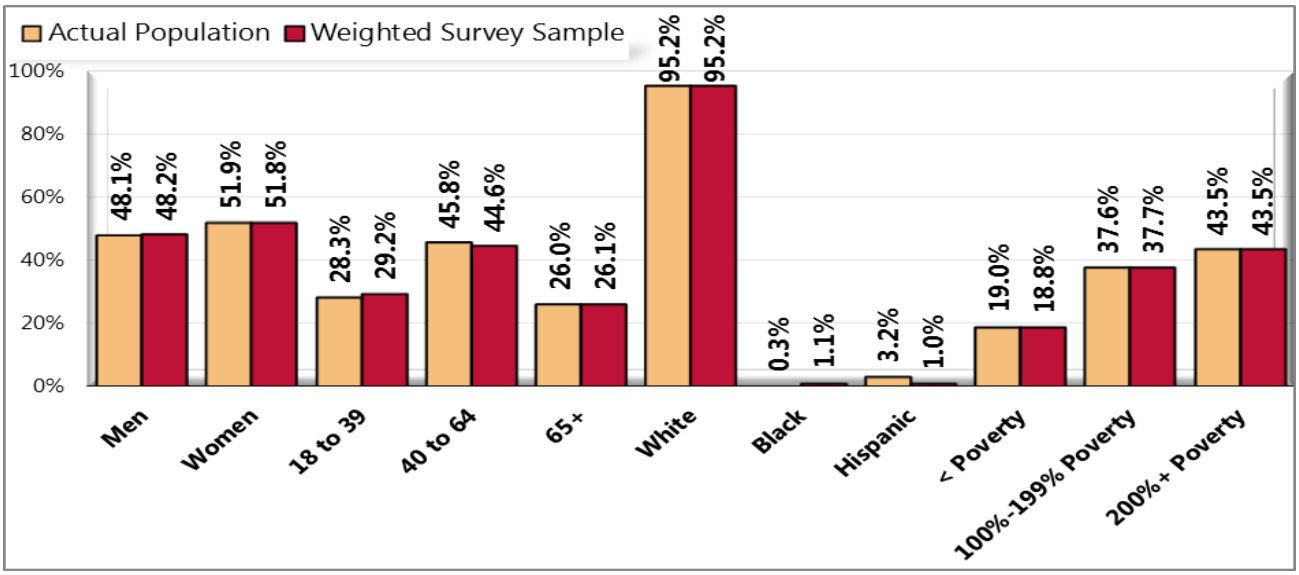
The purpose of the Community Health Improvement Plan, or CHIP, is to help focus and solidity, each of our partners' agency's commitment to improving the health of the community through key health issues. The goal is that with sustained and focused effort, a wide range of public health partners and stakeholders engaged in assessment, planning, and action will be able to document measured improvement in the identified health priorities over the coming years. This CHIP in no way is meant to detail all the health issues facing Mitchell County and its residents nor is it able to provide information on all the great programs and initiatives that are taking place in our community. This CHIP is, however, an action-oriented strategic plan outlining the priority health issues identified for Mitchell County in the 2013 Community Health Assessment, and an overview of how these issues will be addressed in the next three years.

The 2013 Mitchell County CHA (Community Health Assessment) was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments such as this in hundreds of communities across the United States since 1994.

As part of this community health assessment, 200 community members completed a questionnaire regarding their health status, health behaviors, interactions with clinical care services, support for certain health-related policies, and factors that impact their quality of life. To accurately represent the population studied, PRC worked to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents. In order to determine WNC regional estimates, county responses were weighted in proportion to the actual population distribution so as to appropriately represent Western North Carolina as a whole.

Population and Sample Characteristics

(Mitchell County, 2012)



After the data was collected and analyzed, the top ten health priorities were generated and a public forum was held on April 17, 2013 at the Mitchell County Historical to present the findings. Keith Holtsclaw, Mitchell County Commissioner & TRHD Board of Health Member, welcomed the attendees and gave an overview of the Community Health Assessment Process. Jessica Farley, Health Promotions Coordinator for the Toe River Health District, gave a brief history of how the last Mitchell County CHA was conducted. Allison Grindstaff, Director of Marketing and Communications at Blue Ridge Regional Hospital presented the primary data (random surveys completed by community members) and secondary data (statistical data compiled from hospitals and death certificates) from the CHA. The top ten health concerns identified in the CHA were:

1. Chronic Disease (Heart Disease, Respiratory Disease, Alzheimer's, Diabetes, Hypertension)
2. Cancer (All types)
3. Substance Abuse (Prescription & Recreational Drugs, Alcohol Use)
4. Health Behaviors/Lifestyles (Obesity, Poor Nutrition, Physical Inactivity)
5. Access to Healthcare (Lack of Health Insurance)
6. Lack of Mental Health Services
7. Aging Problems & Care For Elderly
8. Economy/Unemployment
9. Activity/Recreation/Healthful Options (Access to affordable healthy food, Need Recreation Center, Need Playgrounds and Parks)
10. Assistance for Low-Income Households (Food Assistance, Heating Oil Assistance, Expenses of Everyday Life)

Through a voting process, the "the top ten list" was narrowed to three priorities to focus on over the next three years.

List of Health Priorities

1. Healthy Living Behaviors and Lifestyles (primarily, focusing on Activity/Recreation/Healthful Opportunities)
2. Substance Abuse Prevention and Increasing Availability/Access to Mental Health Services
3. Access and Assistance for Low-Income Households (lack of healthcare, insurance, and everyday items to survive)

The tables on the following pages provide an overview of indicators in Mitchell County, grouped to correspond with the Focus Areas presented in Healthy People 2020.

General Review of Data and Trends

County Health Ranking

The table below presents the health outcome and health factor rankings for Mitchell County in comparison to other 99 counties in the state of North Carolina.

County Health Rankings via MATCH (2012)

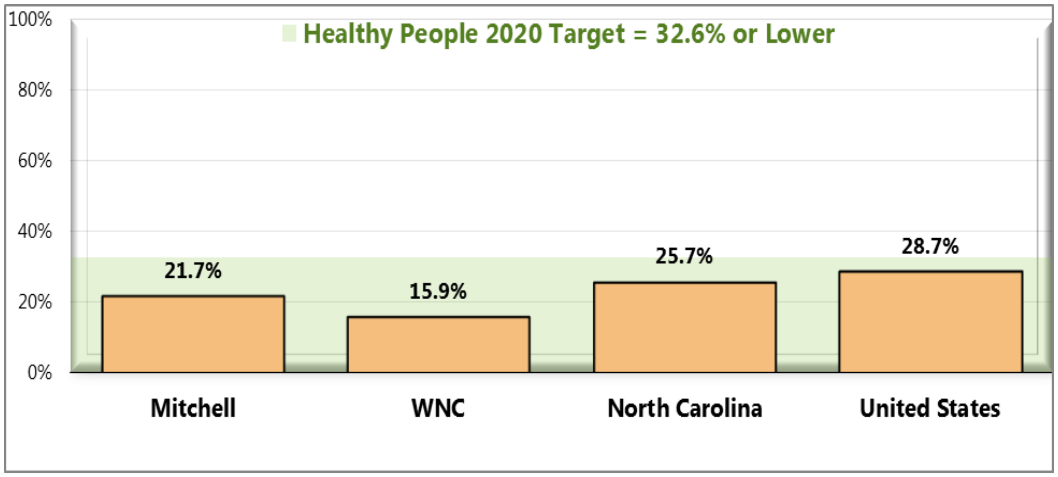
Geography	County Rank (out of 100)						
	Health Outcomes		Health Factors				Overall Rank
	Mortality	Morbidity	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment	
Mitchell County	76	87	25	89	54	22	82

Source: *County Health Rankings and Roadmaps, 2012*. Available at http://www.countyhealthrankings.org/app/north-carolina/2012/rankings/outcomes/overall

Healthy Living Behaviors

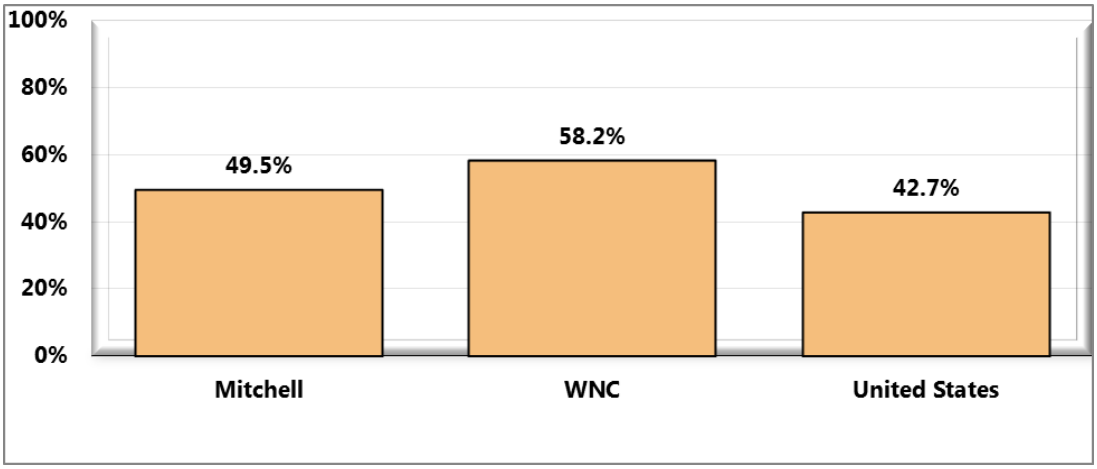
According to the 2012 CHA survey, 21.7 percent of Mitchell County respondents reported getting no physical exercise in the past month. That's higher than the regional average, while still lower than the state and national averages.

No Leisure-Time Physical Activity in the Past Month (WNC Healthy Impact Survey)



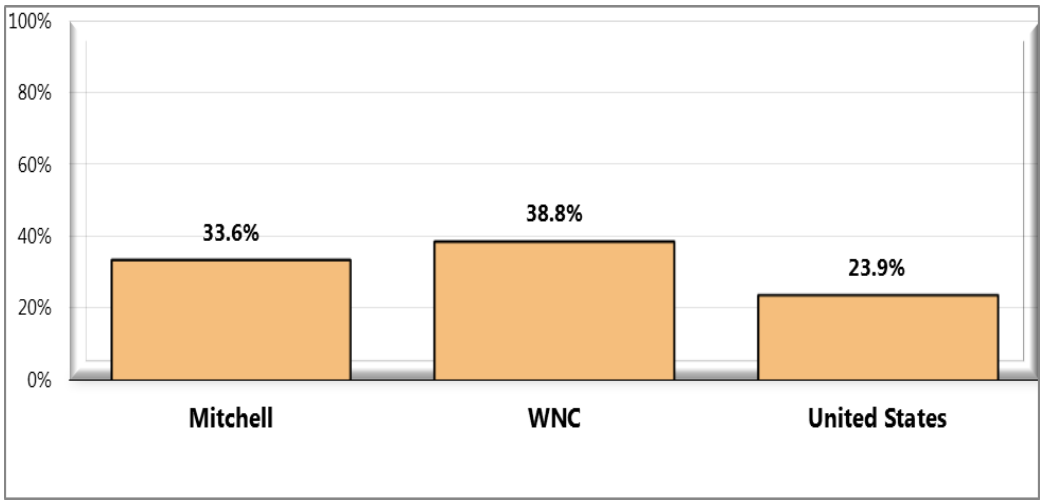
According to the same survey, nearly half of Mitchell County respondents reported meeting the recommended benchmarks for weekly physical activity, below that of the regional average, but higher than the US average.

Meets Physical Activity Recommendations (WNC Healthy Impact Survey)



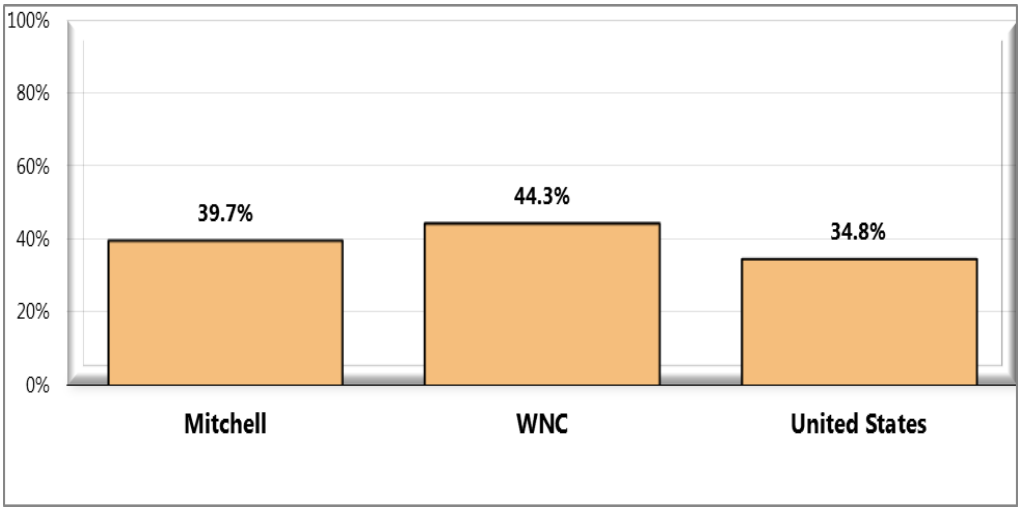
The number of Mitchell County residents who met the recommendations for moderate physical activity was lower than that of the regional average, but higher than the national average.

Moderate Physical Activity (WNC Healthy Impact Survey)



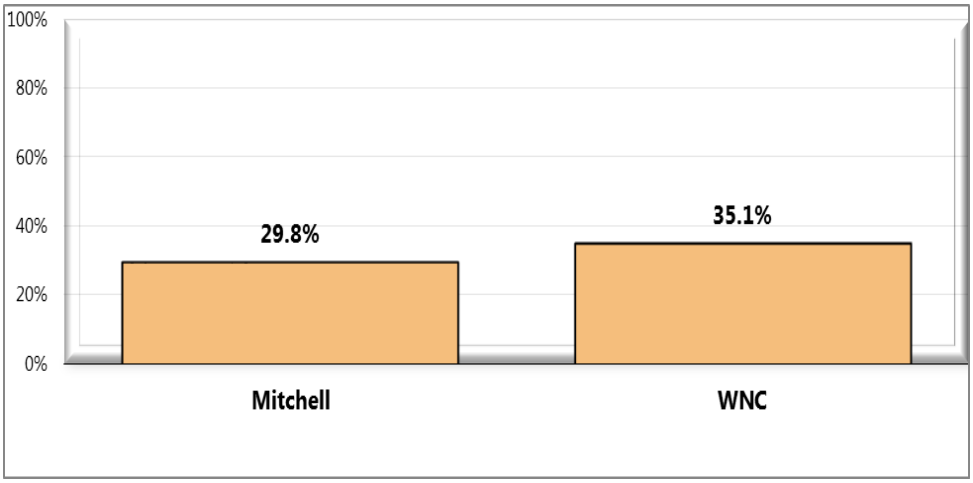
The number of Mitchell County respondents participating in vigorous physical activity weekly was lower than the regional average, but higher than the US average.

Vigorous Physical Activity (WNC Healthy Impact Survey)



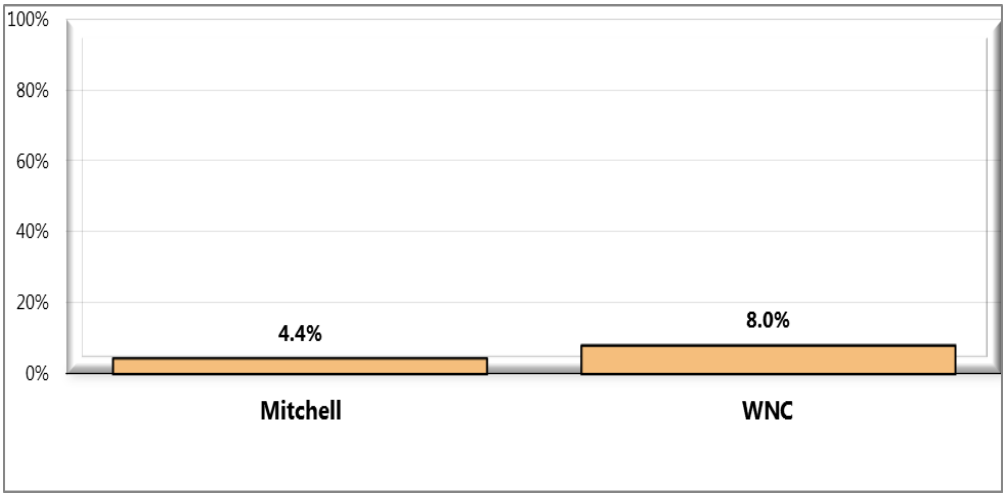
A slightly lower number of Mitchell County respondents reported participating in strengthening activities weekly than the regional average.

Strengthening Physical Activity (WNC Healthy Impact Survey)



In addition to physical exercise, diet and nutrition contribute to healthy living. Mitchell County respondents were surveyed on their consumption of fruit and vegetables over the past week. Only 4.4 percent of Mitchell County respondents reported having reached the recommended daily allowance based on their diet from the previous week. That less than the regional average, which is 8 percent.

Had an Average of Five or More Servings of Fruits/Vegetables per Day in the Past Week (WNC Healthy Impact Survey)



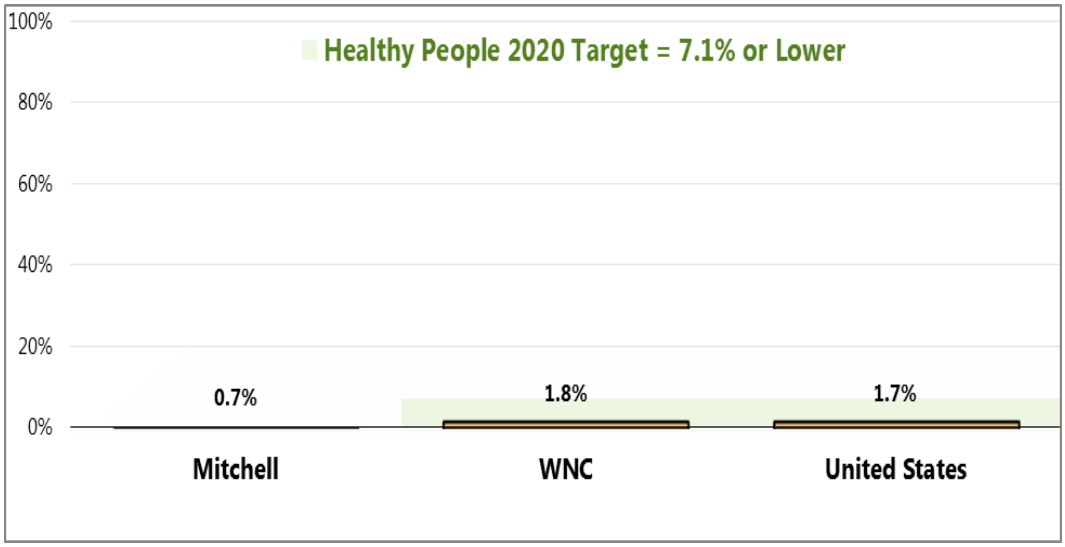
Substance Abuse Prevention and Access To Mental Health Care

Substance abuse can include a number of substances, including alcohol, prescription drugs and illicit drugs. The 2012 CHA surveyed Mitchell County residents on behaviors that can lead to substance abuse.

Illicit Drug Use

For the purposes of the survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order. It is reasonable to expect that this may be underreported, and that actual illicit drug use in the community is higher. In 2012, under one percent of survey respondents reported using illicit drugs in the past month

Illicit Drug Use in the Past Month (WNC Healthy Impact Survey)

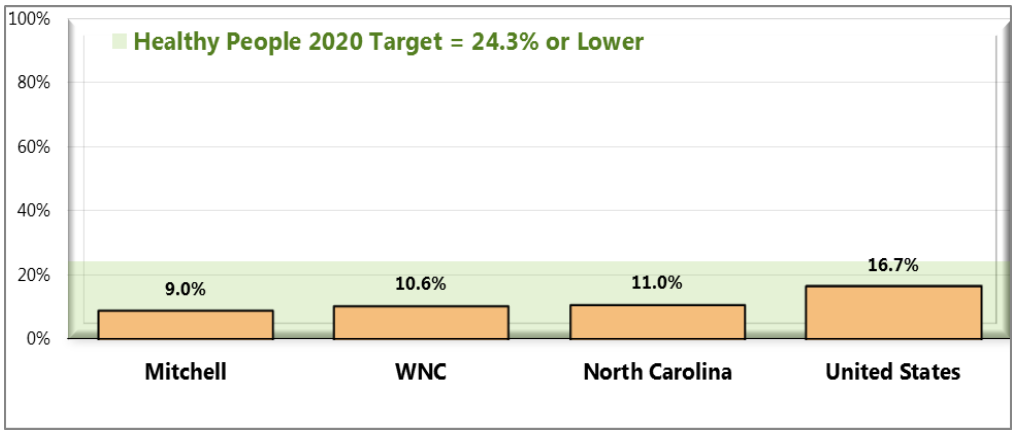


The death rate for unintentional poisonings due to prescription drug overdose in Mitchell County is one of the worst rates in the nation. In Mitchell County, six overdose deaths were reported in 2008, four in 2009, and four in 2010. This rate exceed not only NC's overall rate, but also the regional average.

Bing Drinking

In this assessment, "**binge drinkers**" include adults who report drinking 5 or more alcoholic drinks on any single occasion during the past month. The state and national data reflect different thresholds for men (5+ drinks) and women (4+ drinks), so county and regional data is not directly comparable to state and national figures. Mitchell county respondents reported a lower incidence of binge drinking than the regional, state, and national averages.

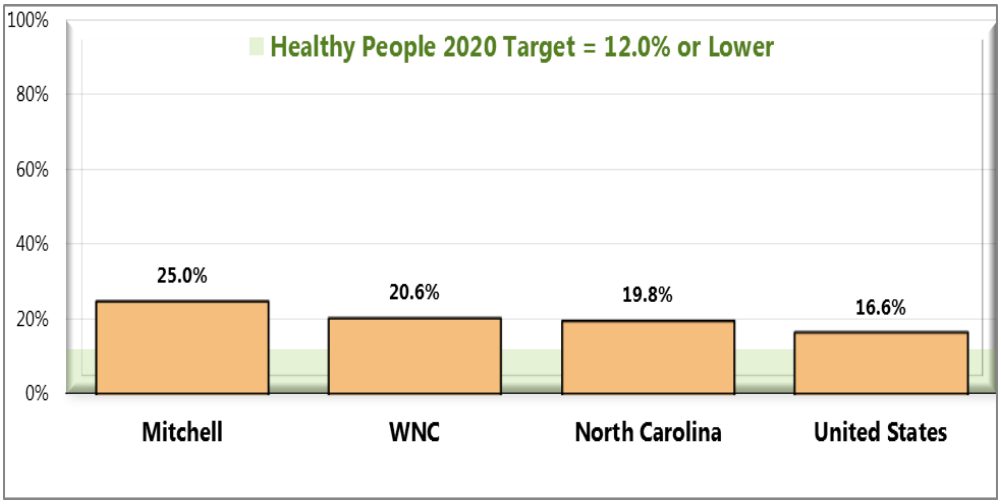
Binge Drinkers (WNC Healthy Impact Survey)



Cigarette Smoking

A total of 21.1 percent of Mitchell County adults currently smoke cigarettes, either regularly (16.9 percent every day) or occasionally (4.2 percent on some days).

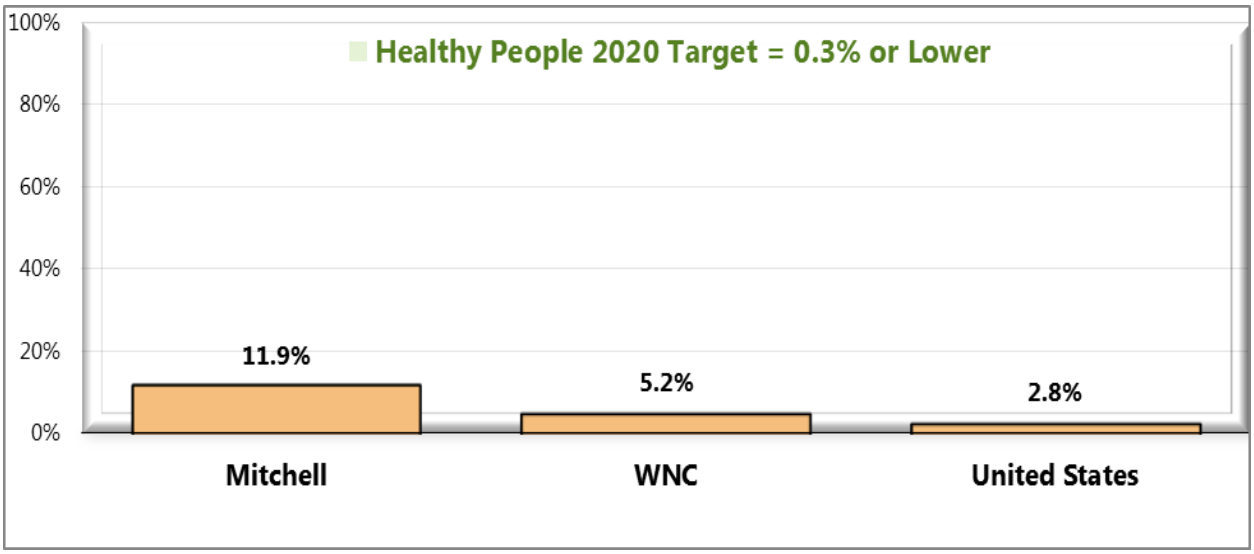
Current Smokers (WNC Healthy Impact Survey)



Other Tobacco Use

A total of 11 percent of Mitchell County adults use some type of smokeless tobacco every day or on some days, higher than the regional and national averages.

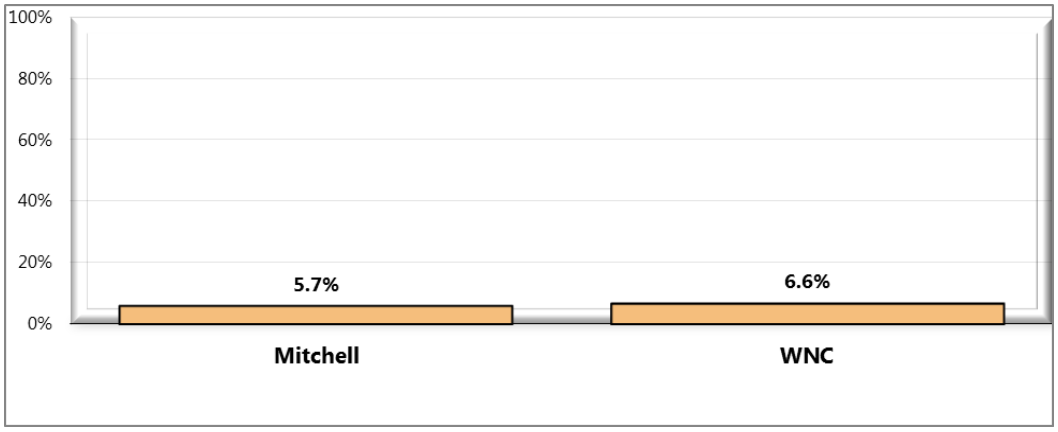
Smokeless Tobacco Products (WNC Healthy Impact)



Access to Mental Health Services

Among Mitchell County survey respondents, 5.7 percent acknowledge that there was a time in the past 12 months when they needed mental health care or counseling but did not get it at that time.

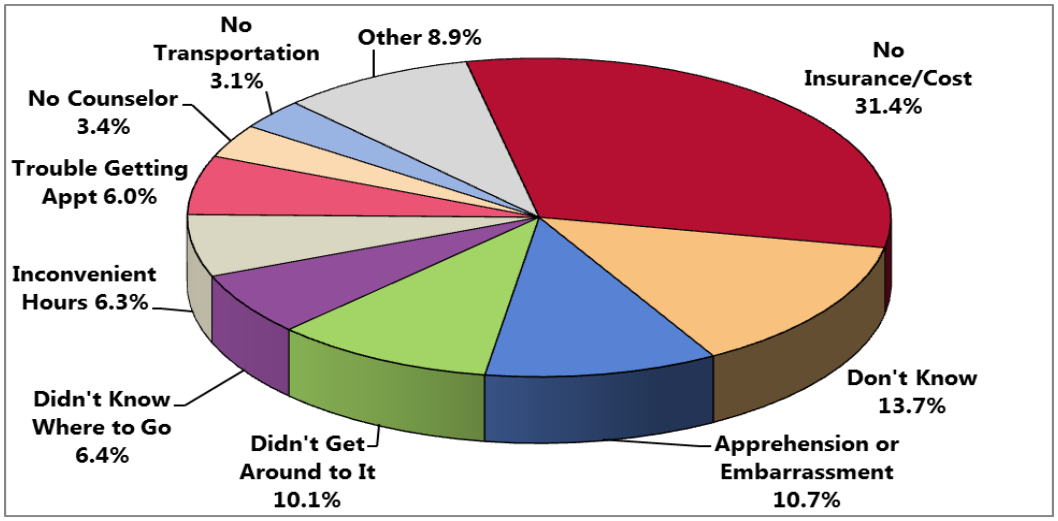
Had a Time in the Past Year When Mental Health Care or Counseling Was Needed, But Was Unable to Get It (WNC Healthy Impact Survey)



Asked about the inability to receive the necessary mental health services, 31.4 percent of respondents said they did not have insurance or they could not afford needed services, and 10.7 percent said they felt apprehensive or embarrassed about seeking services.

Primary Reason for Inability to Access Mental Health Services (WNC Healthy Impact Survey)

(Adults Unable to Get Needed Mental Health Care in the Past Year)
(Western North Carolina, 2012)

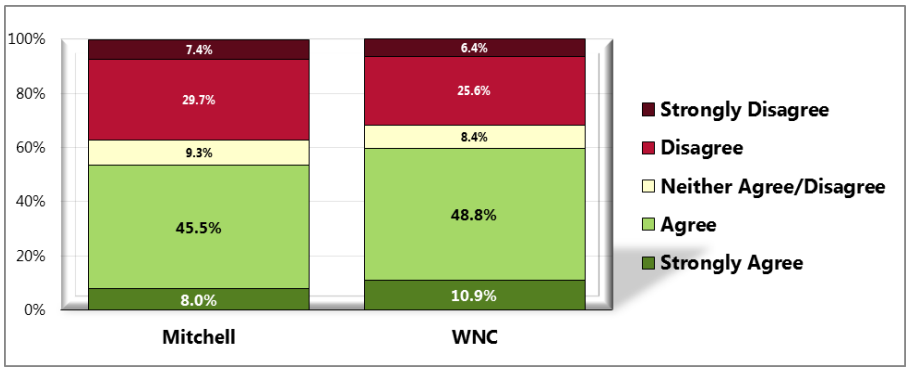


Access and Assistance for Low-Income Households

In December 2011, Mitchell County was designated as a severely economically distressed, Tier I, community by the N.C. Department of Commerce. "Socio-economic problems, such as low literacy rates, high drop-out rates, unemployment and greater reliance of state and federal assistance programs…" are prevalent trends associated with economically distressed communities (N.C. Smart Growth Alliance). Mitchell County's unemployment rate was 12.0 at the end of 2012. These economic hardships make it challenging for county residents to afford everyday items such as food and ongoing expenses such as home heating oil and electricity.

Mitchell County has been designated as a medically underserved area by the National Association of Community Health Centers, The nearest source of sliding fee scale care is more than 50 miles away. With funding received in 2012, however, the Bakersville Medical Clinic has begun serving patients regardless of their capacity to new clinic site in Spruce Pine closer to the medically underserved population.

"There is plenty of help for people during times of need in my county."
(WNC Healthy Impact Survey)



Most survey participates feel Mitchell County is resourceful when the time of need arises, offering plenty of help to our people during hardships.

Population in Poverty, All Ages
5-Year Estimates (2005-2009 and 2006-2010

Geography	2005-2009				2006-2010			
	Population Estimate	# Below Poverty Level	% Below Poverty Level	# Below 200% Federal Poverty Level	Population Estimate	# Below Poverty Level	% Below Poverty Level	# Below 200% Federal Poverty Level
Mitchell County	15,546	2,562	16.5	6,620	15,477	2,599	16.8	6,762
Regional Total	697,685	103,966	14.9	255,556	726,827	113,990	15.7	271,215
State Total	8,768,580	1,320,816	15.1	3,066,957	9,013,443	1,399,945	15.5	3,208,471

Poverty is clearly the greatest disparity to health in Mitchell County. The poverty rate for all ages was higher than the comparable rates regional and statewide. Also, 20.3% of those surveyed in Mitchell County report lack of health insurance. In Mitchell County the number and percent of Medicaid-eligible persons increased every year since 2005, and the percent of Medicaid-eligible Mitchell County residents was higher than the comparable figures for WNC and NC for each year shown.

Contributing to poverty is the cost of housing and annual wage amounts. In Mitchell County, WNC, and NC, a higher proportion of renters than mortgage holders spend 30% of more of household income on housing costs.

Poverty contributes to access to quality health care. 10.8% of persons surveyed in Mitchell County said they were unable to get needed medical care at some point in the past year, compared to a similar rate for WNC. The main reason being cost/no insurance (74.7%).

Summarized Action Plan

Community health action plans have been developed to address identified health priorities. Each action plan will include evidence-based strategies that focus on system or policy change, target specific disparate groups, and promote individual, family, or community change.

Monitoring and Accountability

The Community Health Improvement Plan (CHIP) will be monitored bi-monthly by the committees that are addressing the identified health priorities. Frequent monitoring will allow for modifications of actions as needed to improve overall results. Committee chairs will report any needed modifications to the Health Promotion Coordinator of the Mitchell County Health Department when they are identified. The CHIP will be reviewed on a quarterly basis and will be revised as needed. Shared responsibility throughout the monitoring process will allow for joint responsibility for the actions to be carried out in the plan.

Mitchell County Health Department works closely with the Blue Ridge Regional Hospital to monitor Community Health Improvement Plans. Action Teams reflect a diverse cross sector of community members working together to achieve shared measures. Quarterly Board meetings serve to monitor activities and provide accountability toward meeting objectives.

CHAPTER 1 - INTRODUCTION

What is a Community Health Improvement Plan (CHIP)?

A Community Health Improvement Plan, or CHIP, is an action-oriented strategic plan outlining the priority health issues for a defined community, and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community. CHIPs are created through a community-wide, collaborative action planning process that engages partners and organizations to develop, support, and implement the plan. A CHIP is intended to serve as a vision for the health of the community and a framework for organizations to use in leveraging resources, engaging partners, and identifying their own priorities and strategies for community health improvement.

This CHIP is intended to help focus and solidify each of our key partner agency's commitments to improving the health of the community in specific areas. The goal is that through sustained, focused effort on this overarching framework, a wide range of public health partners and stakeholders engaged in assessment, planning, and action will be able to document measured improvement on these key health issues over the coming years.

The next phase will involve broad implementation of the action plan details included in this CHIP, and monitoring/evaluation of the CHIP's short-term and long-term outcomes and indicators.

This 2013 CHIP is focused on creating plans within a six month to three-year timeline. The community health improvement process is iterative and involves continuous monitoring; we plan to release an annual update of this document in December 2013, and again in December 2014. The next community health assessment will be conducted in 2015.

How to Use this CHIP

This CHIP is designed to be a broad, strategic framework for community health, and will be a "living" document that will be modified and adjusted as conditions, resources, and external environmental factors change. It has been developed and written in a way that engages multiple voices and multiple perspectives. We are working towards creating a unified effort that helps improve the health and quality of life for all people who live, work, and play in our county.

We encourage you to review the priorities and goals, reflect on the suggested intervention strategies, and consider how you can join this call to action: individually, within your organizations, and collectively as a community. To get involved or for questions about the purpose of this document, please contact Jessica Farley, Toe River Health District, jessica.farley@trhd.dst.nc.us.

Connection to the 2013 Community Health Assessment (CHA)

Community health assessment (CHA) is the foundation for improving and promoting the health of a community. Community health assessment, as a process and product, is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.

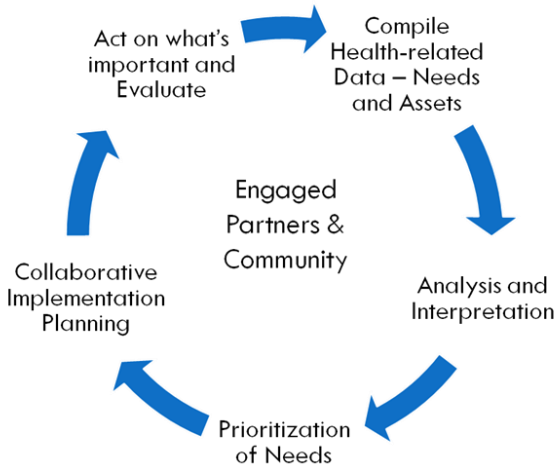
The 2013 Mitchell County Community Health Assessment process and products were designed to provide a rich set of data for our county and its partners to use in identifying major health concerns and issues. The information collected through this process, and the priorities identified, were considered in setting the priorities for our county, which are included in this CHIP.

WNC Healthy Impact

WNC Healthy Impact is a partnership between hospitals, health departments, and their partners, in Western North Carolina designed to improve community health. As part of a larger, and continuous, community health improvement process, these partners are collaborating to conduct community health (needs) assessments across western North Carolina. See www.WNCHealthyImpact.com for more details about the purpose and participants of this regional effort. The regional work of WNC Healthy Impact is supported by a steering committee, workgroups, local agency representatives, and a public health/data consulting team.

CHAPTER 2 – COMMUNITY HEALTH ASSESSMENT PROCESS

Community health assessment (CHA) is the foundation for improving and promoting the health of Mitchell County residents. Community-health assessment is a key step in the continuous community health improvement process. The role of CHA is to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.



A community health assessment (CHA), which refers both to a process and a document, investigates and describes the current health status of the community, what has changed since a recent past assessment, and what still needs to change to improve the health of the community. The *process* involves the collection and analysis of a large range of secondary data, including demographic, socioeconomic and health statistics, environmental data, as well as primary data such as personal self-reports and public opinion collected by survey, listening sessions, or other methods. The *document* is a summary of all the available evidence and serves as a resource until the next assessment. Together they provide a basis for prioritizing the community's health needs, and for planning to meet those needs.

Local health departments are required to conduct a comprehensive community health assessment are least every four years. As a part of the Affordable Care Act, non-profit hospitals are now also required to conduct a community health needs assessment at least every three years. In order to better meet both health department and hospital needs and to align with both requirements, Mitchell County Health Department decided to submit another complete CHA in 2013, operating on the same schedule as the local hospital.

As part of WNC Healthy Impact, a regional data workgroup of public health and hospital representatives and regional partners (with support of a consulting team) made recommendations to the steering committee on the data approach and content used to help inform regional data collection. From data collected as part of this core dataset, the consulting team compiled secondary data for each county in the region. This data was then compared to the data collected in the 2009 Mitchell County CHA to look for similarities and differences.

In addition, primary data was also collected in a community health survey of the 16-county region via telephone. 200 community members completed the random-sample survey.

The Mitchell County community was engaged in the health assessment process via local data interpretation and priority setting as well.

Physical activity and healthy eating are both critical parts of maintaining good health. Everyone—children and adults—benefits from being physically active and eating a variety of fresh, healthy foods every day.

Regular physical activity and good nutrition can reduce a person's risk of obesity and chronic disease and may prevent certain health conditions from worsening over time.

For people who are inactive, even small increases in physical activity are associated with health benefits.

(DHHS, 2010)

CHAPTER 3

Healthy Living Behaviors and Lifestyles

Situational Analysis

Obesity is a problem throughout the US, however, among adults, vast disparities in obesity exist. The association between income and obesity varies according to age, gender, and race/ethnicity. Social and physical factors affecting diet and physical activity have an impact on weight (DHHS, 2010).

Children and adolescents who are overweight have a greater risk of developing Type 2 diabetes and asthma; they are more likely to have increased blood pressure and high cholesterol levels; and they are more likely to experience depression. In addition, the majority of children and adolescents who are overweight are likely to remain overweight throughout adulthood. Childhood obesity is a serious health concern according to North Carolina and national data.

As a community, we must commit to creating an environment that helps residents make the healthy choices and take responsibility for decisions that support good health in our homes, neighborhoods, schools, and workplaces.

Regular physical activity can improve the health and quality of life of Americans of all ages. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; history of activity in adulthood; and social support from peers, family. Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise.

The Mitchell County Health Department and Blue Ridge Regional Hospital, along with other local agencies, and other groups are taking proactive steps to address healthy living behaviors and lifestyles in the county. Collaborative action plans have been developed that will help the county achieve progress towards addressing these issues for Mitchell's effected population.

Spotlight on Success

Community Gardens, Walking Trails, Playground, and more

One way that Mitchell County is planting the seeds for healthier lifestyles is through the Community Garden Project, aimed at giving county residents opportunities to improve their knowledge of healthful living, enjoy nature, and have a greater sense of community cohesion. The garden is located on public land behind the Mitchell Senior Center in Bakersville and lead partners include Mitchell County Health Department, Mitchell Senior Center, and Mitchell County Cooperative Extension. This project was made possible with the financial assistance from Nourishing NC and Blue Cross Blue Shield of NC Foundation. The garden is managed by local government agencies, a garden team of community members, and students of all ages from our local school system.

Students are able to learn about gardening from seed to harvest and the healthy benefits of eating more fruits and vegetables. Using the guidance of the garden manager with the availability of resources, trainings', and programs, we hope to educate the community and home-gardeners alike on the importance of healthy eating habits. All of the fresh produce is donated to organizations including the Shepherd Staff food Pantry, Meals on Wheels, and Tipton Hill Food Distribution Center.

In conjunction with the garden, the Mitchell County Cooperative Extension area agent hosted a series of Food Preservation classes at the senior center through out the summer. These classes were free and accessible to any resident in Mitchell County. The garden produced 189.6 pounds of fruits and veggies including: bell Peppers, banana peppers, jalapeno peppers, tomatoes, cornfield beans, squash, zucchini, cucumbers, radishes, broccoli, califlower, brussel sprouts, cantalope, and marigolds. Approximately 150 people in the county consumed food from the garden. Aprroximately 75 pounds were dontated to local food pantires. The garden unified a total of 16 volunteers to help harvest the produce.

Other ongoing projects include, but not limited to are: Marking and measuring trails throughout the area to encourage county residents to pursue regular exercise, as well as acknowledging these trails as public useage/joint use agreements between agencies and the community at large. Brochures are being created and more trails/greenways are being pursued. In addition to, a playground is currently being constructed at the Bakersville Creekwalk for for ages two to twelve years old, thanks to a Kaboom Grant and several other funders and donators. The Community Build Day celebration is schedule for mid-April 2014.

Partners

Addressing Healthy Living Behaviors and Lifestyles is complex and will require the collaborative planning, action, and coordination of multiple partners in our community. The following partner agencies and organizations are engaged in efforts to improve physical activity and nutrition in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Mitchell County Health Department	Dedicated to protect and improve the health conditions of people and maintaining a healthy environment in Mitchell County; enabling them to be healthy, by working through an organized community effort focusing on: health promotion, disease prevention, education and awareness, access to and provision of care, and quality and value of life	www.toeriverhealth.org
Mitchell County Schools	Collaborate with families and community partners to provide a safe, caring, and engaging learning environment that prepares graduates to become responsible citizens in a diverse, global society	www.mcsnc.org
Mitchell County Cooperative Extension	Partner with community to deliver education and technology that enrich the lives, land and economy of Mitchell County residents	www.mitchell.ces.ncsu.edu
Town of Bakersville	Provide a place to live, work, and play in a healthy environment, having opportunities to access the best quality of life, improving the health of every individual in the community	www.bakersville.com
Mitchell-Yancey Partnership for Children	Enhance the lives of children birth to five and their families, through collaborative efforts that provide expanded and continuing opportunities for optimal growth and development	www.mypartnershipforchildren.org
Coalitions / Groups:		
Community Transformation Grant	Support tobacco-free communities, active living, and healthy eating while promoting clinical and community supports to reduce chronic disease	Alphie Rodriguez ctcymac@gmail.com
Mitchell Community Health Partnership	Functioning together to improve the health of people of Mitchell County by way of teamwork from citizens and agencies.	Ronald & Libby McKinney ronmck@frontier.com

Healthy Living Behaviors and Lifestyles Action Plan

Vision of Impact
To make healthy choices easier by improving access to physical activity and healthy food options where community members live, learn, work, and play.

We envision a community in Mitchell working together to support healthy lifestyles for adults and teens.

Community Objective:	**Baseline/Indicator Source**
By December 2015, increase access to, and consumption of fresh fruits and vegetables; as well as create environments that promote physical activity for families to be healthy throughout the year.	**2012 CHA Survey;** 54.4% thought recreational options available to community were fair to poor. 36.4% agreed children and youth had the facilities and programs needed to be healthy 33.6% claimed to engage in moderate physical activity (slight increase in breathing/heart rate and light sweating 5 times a week for 30 minutes) 92.9% thought it was at least somewhat important/very important to have access to Farmers' Markets 98.2% believed it was at least somewhat important/very important that community organizations make PA spaces available for public use after hours 95.5% said it was at least somewhat important/very important that communities improve access to trails, parks, and greenways
Related Healthy NC 2020 Objectives: Increase the percentage of adults (families) getting the recommended amount of physical activity. Increase the percentage of adults (families) who consume 5 or more servings of fruits and vegetables per day.	2015 CHA Survey Results Success Stories On-Site Observation

Strategy 1 – Increase the number of safe places for people to be physically active.

Goal: *Increase the number of people who are getting their CDC-recommended amount of daily physical activity.*

Strategy Background

Source: www.thecommunityguide.org

Evidence Base: Environmental and policy approaches are designed to help people adopt healthier behaviors. The creation of healthful physical and organizational environments is attempted through development of public policy that supports healthy practices, creation of supportive environments, and strengthening of community action. Correlational studies have shown that the availability of exercise equipment in the home and the proximity and density of places for physical activity within neighborhoods are associated with physical activity levels.

Type of Change: Environmental and Policy Approaches to Increasing Physical Activity

Partner Agencies

Lead: Mitchell Community Health Partnership
Collaborating: Mitchell County Health Department, Town of Bakersville, Town of Spruce Pine, Mitchell-Yancey Partnership for Children
Supporting: CDSA, Mitchell County Cooperative Extension, County Civic Clubs, Mitchell County Schools, Mitchell County Parks and Recreation Department, Mitchell County Commissioners, Toe River Greenways Committee, High Country Council of Government, Community Transformation Program

Strategy Objective #1: By May 2014, there will be a playground site on the Bakersville Creekwalk open for public use to children 12 years old and younger.

Indicator: Number of children who live within ten miles of the playground, who now have an opportunity to engage in physical activity. *(Other than the school, this is the only public playground in the town of Bakersville)*

Action Plan:

Activity *(what is being done?)*	Resources Needed *(who? how much?)*	Anticipated Result *(what will happen?)*	Result Verification *(how will you know?)*	Target Date *(by when?)*
Develop partnership with key decision makers for project and property	Networking and Time; Mayor of Bakersville	Approval of Project and increased number of community partnerships	Plan meetings and make decisions	January 2014

Secure grant funding for playground	Planning Committtee Time; $40,000	Grants will be awarded to Bakersville Playground Project and we will host a build day	Notification from all grantors approached	February 2014
Plan construction date and Community Build Day	Volunteers; Planning Committee; Donations from local businesses; Time	Community will come together kick-off the build of playground, with food and lots of activities for children	A playground will be assembled and on-site for the children of Bakersville	April 2014

Strategy Objective #2: By April 2015, a Mitchell County Greenway plan will be in context, traveling through both city and country, connecting them together. The purpose of this plan is to develop a framework for building an integrated system of pathways that will link residents to the outdoors, as well as the means of transportation and recreation needs and help to encourage quality, sustainable economic growth.

Indicator: Use and impact of existing trails in Mitchell County versus use and impact of proposed greenway (number of residents using trails and "trail availability"). As well as, number of residential properties gain in value the closer they are located to trails and greenspace.

Action Plan:

Activity *(what is being done?)*	Resources Needed *(who? how much?)*	Anticipated Result *(what will happen?)*	Result Verification *(how will you know?)*	Target Date *(by when?)*
Evaluate general characteristics of Mitchell County	Form Planning Committee	Impact and Benefits of Trails	Planning meeting minutes and decision making	January 2014
Map and Propose trail routes in Mitchell County	Planning Committee; Poster Size Maps; Landowners; Town/County decision makers	Discussion and Majority Agreement	Final Draft of Maps regarding Trails /Greenway	April 2014
Seek funding options and opportunities	Money and Time; Planning Committee and/or	Create awareness of project by using local media	Sufficient funds raised to get the beginning phases of	April 2015

	Fundraising Team; Grant Writer	outlets; get community involved in plans, programs, and initiatives relevant to trails	the project underway	

Strategy Objective #3: By December 2015, a sports complex will be under constructed at the town of Spruce Pine's public park, providing a community gym featuring a full size basketball court and a five foot wide walking track around the parameter of the facility.

Indicator: Number of families who live within ten miles of the sports complex, who now have an opportunity to engage in physical activity. *(Other than the school-owned facilities, this will be the only public complex for indoor fitness in Mitchell County)*

Action Plan:

Activity *(what is being done?)*	Resources Needed *(who? how much?)*	Anticipated Result *(what will happen?)*	Result Verification *(how will you know?)*	Target Date *(by when?)*
Secure funding	Fundraising Team; Money and Time	Donations and Grants will be awarded to the project	Notification from all grantors/donators approached	Ongoing - January 2015
Draft layout of construction site and complex design	Planning Committee; Time and Guidance from a Architect	Knowledge of what will meet the needs of the entire family; complex offering diverse activities	Meeting Minutes and Hardcopy draft of Sports Complex	March 2015
Start construction on complex	Town of Spruce Pine and Parks/Recreation Department to oversee project	Host a Ribbon cutting ceremony and invite community to join the event, providing food and activities for the entire family	Sports Complex will be complete and open for public use	December 2015

Strategy 2 – Decrease overweight and obesity in adults and children by use of positive health promotion programing and massaging.

Goal: *Decrease overweight and obese adults and children (families) in Mitchell County by education and improving lifestyle choices.*

Strategy Background

Source: www.dcactionforchildren.org (Why Place Matters)

Evidence Base: Where children grow up can help determine health outcomes. It is clear that being healthy and fit in adulthood is at least partly determined by the communities we live in as children. When children do not have access to healthy environments and/or opportunities to make healthy choices, their health and quality of life are often compromised.

Type of Change: Educational and Behavioral Modifications

Partner Agencies

Lead: Mitchell County Cooperative Extension
Collaborating: Mitchell County Health Department, Mitchell County Schools
Supporting: All members of the Mitchell Community Health Partnership

Strategy Objective #1: By May 2016, a total of nine behavior change programs will be conducted throughout Mitchell County, targeting children, adults, and families.

Indicator: Number of attendees per class/program

Action Plan:

Activity (what?)	Resources Needed (who? how much?)	Anticipated Result (what will happen?)	Result Verification (how will you know?)	Target Date (by when?)
Use Snap-Ed Curricula in elementary schools, providing a newsletter for families	Staff Time; Snap-Ed materials; Elementary Schools' permission	Children will encourage their families to eat healthy and try new recipes (sent home with newsletter)	Number of Newsletters; Success Stories; Observation Data	Conduct Class #1 by May 2014 Conduct Class #2 by May 2015 Conduct Class #3 by May 2016
Use Eat Smart, Move More, Weigh Less Curricula to target adults,	Staff Time; Volunteers; ESMMWL material; registered participants	Publicity efforts become widely recognized by community members, resulting	Weight Loss and Health Benefits of participants by taking Weight, Blood Pressure, and	Conduct Class #1 by March 2014

parents, and families		in at least 25+ participants	Measurements weekly	Conduct Class #2 by March 2015 Conduct Class #3 by March 2016
Offer and Host preservation and canning classes, as well as cooking demos, to the community at large	Staff Time; Materials; Interested Partakers	Market and Outreach to community to gain interest for the classes; hope to get 10+ registered	Partakers will attain the knowledge to help guide them to can and preserve fresh fruit and veggies for their self and families	Conduct Class #1 by October 2014 Conduct Class #2 by October 2015 Conduct Class #3 by October 2016
Explore and identify at least two convenient stores in rural areas inside Mitchell and Yancey County who are interested in going healthy	Store Owners; Staff Time; Healthy Corner Store Toolkit; Materials; Printing; Local Farmers/ Distributors	To increase access to fresh, healthy foods where people live, work, and play as a solution to maintaining a healthy weight	Developed Plan, Completed surveys to help understand customer needs, Consultation with owners; Healthy products delivered	October 2015
Develop, sustainable, and evidence based food security plan district-wide	Advisory Team; Local partnerships; Funding; Volunteers; Support from Community	To connect farmers and growers to food insecure populations in economically viable manners	Secure funding and begin implementation of plan across all three counties (Avery, Mitchell, & Yancey)	May 2015

Drugs kill more people than alcohol-even though seven times more people use alcohol than use drugs.

The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems.

(DHHS, 2010)

CHAPTER 4

Substance Abuse Prevention and Increasing Access To Mental Health Services

Situational Analysis

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems (DHHS, 2010). A study published by the CDC, 2011 noted that demographic characteristics prevalent in Mitchell are associated with higher death rates from substance abuse. People in rural counties are about two times as likely to overdose on prescription painkillers as people in urban areas; and whites have a higher rate of unintentional poisoning than other racial groups.

The rural nature of the area may play a role in substance abuse. Research demonstrates that rural drug users had significantly higher ages of onset and higher odds of lifetime and recent use. Another study suggests that in regions with marked economic disparities, such as rural Appalachia, drugs like OxyContin may serve as a form of currency that is associated with increased social capital among drug users.

The number of persons in Mitchell County utilizing mental health services and psychiatric hospital services has dropped in recent years. This decrease is likely is a reflection of a decreasing availability of state services, rather than a decreasing need for services. County residents also report confusion about what services are available and how to access them. Lack of health insurance is another barrier to care for those who may benefit from mental health services.

Mitchell County Health Department is working with community clinics and partners to address substance abuse and lack of access to mental health services in the county.

Spotlight on Success

Mitchell-Yancey Substance Abuse Task Force

The North Carolina Coalition Initiative (NCCI) is a program funded with Cross Area Service Program (CASP) funds through the NC Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, with direction and technical assistance provided by the NCCI Coordinating Center at Wake Forest School of Medicine. This year, Graham Children's Health Service of Burnsville received a grant from NCCI in order to support the Mitchell-Yancey Substance Abuse Task Force, a coalition that spearheads prevention education and intervention projects and programs in the two counties.

"We are so excited about this grant. This funding will support the hiring of a part-time coordinator for the Mitchell Yancey Substance Abuse Task Force" says Amy Sheele, Executive Director of Graham Children's Health Service.

Formed in 2009, the task force has sponsored drug take-back days, drug and alcohol free teen events (including Red Ribbon Week, a school-based program to encourage students to remain drug and tobacco-free), the creation of a summer resource guide for parents to keep kids occupied during out-of-school time, the development of a partnership with the medical community to address chronic pain management, and community education and awareness around the substance abuse problem. The group is currently researching developing a jail diversion program, a program that finds mental health treatment as an alternative to jail for those who have been convicted of a crime but suffer from mental illness.

With the grant, the task force (which had previously been operated solely by volunteers) gains organizational capacity. "This grant will enable the task force to have an even greater community impact" said Dr. Jim Haaga, Former Task Force Chairperson. Having a dedicated staff person allows the task force to develop a mission, goals and objectives.

Partners

The Toe River Health District and Mitchell County Health Department have partnered with a variety of agencies to address substance abuse prevention and to increase access to mental health care in the county.

Organizations:	Primary Focus or Function	Website or Contact Information
Project Lazarus	Believes that communities are ultimately responsible for their own health and that every drug overdose is preventable.	http://projectlazarus.org
Mitchell County Schools	Collaborates with families and community partners to provide a safe, caring, and engaging learning environment that prepares graduates to become responsible citizens in a diverse, global society	www.mcsnc.org/
Mitchell County Sheriff's Department	Protects citizens through crime	www.mitchellcounty.org/departments/sheriff.html
Bakersville Medical Clinic	Improve the health of every individual in the greater Mitchell County community while providing this care in a culturally sensitive, professional and compassionate manner with special emphasis on reaching the medically underserved population.	www.bakersvilleclinic.org
Blue Ridge Regional Hospital	Identify and respond to the health and wellness needs of the region, partnering with patients, families and friends through a comprehensive approach to healing that ministers to the mind, body and spirit.	www.blueridgehospital.org
Graham Children's Health Services	Collaborating effort that involves, educates and unites the community for the design and implementation of strategies that will improve the health of children now and in the future.	http://healthyyancey.org/graham-childrens/
Western Highlands Network	Ensuring the provision of high quality, consumer responsive, culturally sensitive, and cost-effective services to those who are living with mental illness, developmental disabilities, and substance abuse.	http://westernhighlands.org
Mitchell County DSS	Provides assistance and services to all eligible citizens of Mitchell County in a timely, efficient manner.	http://www.mitchellcounty.org/departments/socialservices.html
Local Pharmacies/ Pharmacist	Plays a key role in helping and assisting concerned citizens understand what can be done to create awareness and prevention in the community.	Mechelle Akers familyakers@hotmail.com
AMY Regional Library System	To help communities create and maintain a foundation for literacy, economic development and democracy.	www.amyregionallibrary.org
Coalitions / Groups:		
Mitchell-Yancey Substance Abuse Task Force	Provide facilitation of community assessment, public education and substance abuse treatment and prevention programs by coordinating various agencies, organizations and segments of our community.	http://healthyyancey.org/substance-abuse-task-force/

Mitchell Community Health Partnership	Functioning together to improve the health of people of Mitchell County by way of teamwork from citizens and agencies.	Ronald & Libby McKinney ronmck@frontier.com
Healthy Yancey	Partnering with concerned citizens working together to improve the quality of health for all people in Yancey County.	http://healthyyancey.org/healthy-yancey/

Substance Abuse Prevention & Access To Mental Health Services Action Plan

Vision of Impact

Substance abuse has repeatedly been identified as a priority health concern through our extensive community health assessments. Due to the complex nature of the substance abuse and prevention, implementation of effective, evidenced-based interventions in our small, rural, low wealth communities has been challenging.

We envision a community where substance abuse is no longer on the rise and those who need mental health services and treatment know how to access them and are able to receive them.

Community Objectives	**Baseline/Indicator Source**
By June 2015, the percent of survey respondents reporting that it is 'very or somewhat easy' to get the same prescription from several different doctors will decrease by 10% from 61% to 54.9% of the respondents.	2015 Mitchell-Yancey Community Survey
By June 2014, the number of practitioners enrolled in and utilizing the NCCSRS will increase by 20% from 44.2% to 64.2% in Mitchell County as evidenced by.	NCCSRS enrollment data
By June 2015, the number of arrests related to controlled substances will decrease by 10% in each county—from 50% to 45% in Mitchell.	2014-2015 arrest data
By June 2015, the percent of respondents reporting that people can obtain prescription drugs if they don't have a prescription from a friend or acquaintance-will decrease by 5% from 82.3% to 77.3% of the respondents.	2015 Mitchell-Yancey Community Survey
Related Healthy NC 2020 Objective: Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days.	BRFSS 2015 Mitchell-Yancey Community Survey

Strategy 1 – Address the growing problem of prescription drug abuse among Mitchell and Yancey County residents.

Goal: *Decrease substance abuse and misuse by reducing access to prescription drugs in Mitchell County.*

Strategy Background

Source: www.lockyourmeds.org and www.drugabuse.gov

Evidence Base: Not only does reduction efforts help keep prescription drugs out of the wrong hands, but it helps create awareness for a problem that continues to grow in our country. By making adults aware that they are the "unwitting suppliers" of prescription medications being used in unintended ways, especially by young people, in proven to reduce prescription drug abuse.

Type of Change: Community & System Change, Environmental & Policy Change

Partner Agencies

Lead: Mitchell-Yancey Substance Abuse Task Force Executive Committee
Collaborating: Mitchell County Sheriff's Department, Blue Ridge Regional Hospital, Mitchell County DSS, Mitchell County Senior Center, Mitchell Community Health Partnership, Mitchell County Health Department
Supporting: All members of the Mitchell-Yancey Substance Abuse Task Force

Strategy Objective #1: By June 2015 the percentage of residents surveyed reporting keeping unused prescription meds around the house or in the medicine cabinet will decrease 5%.

Indicator: Results of the Mitchell-Yancey Substance Abuse Task Force Community Assessment 2015 compared to the assessment completed in 2012

Action Plan:

Activity *(what is being done?)*	Resources Needed *(who? how much?)*	Anticipated Result *(what will happen?)*	Result Verification *(how will you know?)*	Target Date *(by when?)*
Establish policy/guidelines for residents to properly secure prescription drugs and dispose of outdated/unused drugs	Coalition members to: review current pharmacy and clinic procedures and practices; draft guidelines for residents to follow	Written policy and best practices for residents follow	2015 MYSATF Community Assessment	September 2014
Develop and prominently display signage in local	Coalition members to: design educational materials; arrange	Inform residents of the importance of proper storage	2015 MYSATF Community Assessment	December 2014

pharmacies and clinics	for printing; contact local pharmacies/clinics and delivery of signage	and disposal of prescription drugs		
Provide opportunities at regular family-oriented events for families to sign a pledge to properly secure and dispose of prescription drugs	Coalition members to: design and produce a pledge; contact and submit public announcements promoting the pledge prior to the events; recognize families for their support by offering incentives	Educate parents to become more mindful of the problem	2015 MYSATF Community Assessment	February 2015
Offer cabinet locks and/or medication lock boxes	Med locks and/or medication lock boxes; research potential vendors to distribute locks and boxes; and develop promotional materials	Make it easier for residents to safely store prescription medications and dispose of outdated/unused medications	2015 MYSATF Community Assessment	July 2015
Launch media campaign to inform residents of benefits to everyone safely storing medications and protecting the environment through proper disposal of outdated and unused medications.	Coalition members will draft articles and submit to local media outlets on a quarterly basis throughout the year	Create awareness in the community using positive reinforcement	2015 MYSATF Community Assessment	July 2014

Strategy 2 – Reduce Youth Substance Abuse

Goal: *Increase collaboration between youth and agencies in the community*

Strategy Background
Source: www.youthempoweredsolutions.org and http://beta.samhsa.gov/
Evidence Base: We know that empowered youth, working in partnership with adults, have great power to create lasting, positive change in their communities. Evidence-based strategies we talk of are dedicated to enhancing the evaluation capacity of innovative programs and practices that address critical substance abuse prevention and related behavioral health needs. While these resources focus on assisting local program developers, implementers, and evaluators in applying more rigorous evaluation methodologies to our work. Local coalitions are planning prevention activities to help individuals develop the intentions and skills to act in a healthy manner and focusing on creating an environment that supports healthy behavior.
Type of Change: Behavioral and Environmental Change

Partner Agencies
Lead: Mitchell-Yancey Substance Abuse Task Force Executive Committee
Collaborating: Mitchell Community Health Partnership, Mitchell County Health Department, Mitchell County Schools, Faith Community
Supporting: All members of the Mitchell-Yancey Substance Abuse Task Force

Strategy Objective #1: By December 2015, maximize collective impact by increasing the total number of formal and written partnerships with appropriate agencies, community groups, or businesses who represent the diversity of the community, and also have a vested interest in reducing youth substance abuse (specifically, prescription drugs).

Indicator: Number of new partnerships who represent diversity and youth in the community contacted and/or attended monthly MYSATF meetings recorded in meeting minutes.

Action Plan

Activity *(what is being done?)*	Resources Needed *(who? how much?)*	Anticipated Result *(what will happen?)*	Result Verification *(how will you know?)*	Target Date *(by when?)*
Develop formal written partnerships or resolutions between groups and agencies working with youth or substance abuse prevention efforts	Convene Leaders; Draft agreement; Adopt and sign agreement; Create annual meeting schedule	Increase impact and reduce fragmented implementation of environmental strategies	Meeting Minutes	November 2014

Identify under-represented groups and sectors and identify potential barriers for participation in order	Cultural competency training; Identify under represented sectors and barriers; Recruit sector members by reducing barriers and obstacles to participation	Create a culturally competent collaborative that truly presents the youth and community	Meeting Minutes	January 2015

Strategy Objective #2: By December 2015, reduce past 30 days use of prescription drugs by at least 1% among youth.

Indicator: Youth Risk Behavior Survey (survey one high school and one middle school in county) and Community Health Assessment measures

Action Plan

Activity *(what is being done?)*	Resources Needed *(who? how much?)*	Anticipated Result *(what will happen?)*	Result Verification *(how will you know?)*	Target Date *(by when?)*
Host an after school program for at-risk middle school students	Compassionate Volunteers; Coordinator; Healthy Snacks; Physical Activity and crafty activities	Direct curiosity toward positive outcomes and assist students in finding individual assets	Key Interviews with parents and testimonials from participating students	August 2014
Schedule and offer at least four youth activities in the community	Volunteers; Schedule Live Concerts/Local Bands, Drive in Movies, Pool Parties, Guest Speakers, Bon Fires before school athletics	Eliminate boredom at home, channeling energy toward more traditional youth activities	Student participation rates (and how many of those have track records for misbehaving) and On-site observation	August 2014
Continue Drug Take Back Days and Drug Drop Box Program	Middle and High School Students; Planning meetings with MYSATF members; materials	Student involvement in publicity and advocacy for events/programs	Number of prescription drugs taken back from residents; especially number of narcotics	September 2014

Thirty-four percent of low-income families in the national survey reported challenges affording basic household goods in the past year. Of these families, 82 percent were identified as living in households with low or very low food security, meaning that they could not afford adequate food for all household members.

Families reported using a variety of coping strategies when they were unable to afford personal care and household care items, including stretching, substituting, borrowing and doing without.

Access to health services means the timely use of personal health services to achieve the best health outcomes.

(DHHS, 2010)

Chapter 5

Access and Assistance for Low-Income Households

Situational Analysis

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) gaining entry into the health care system; 2) accessing a health care location where needed services are provided; and 3) finding a health care provider with whom the patient can communicate and trust (DHHS, 2010).

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop sustained relationships with patients and provide integrated services while practicing in the context of family and community.

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention) (DHHS, 2010).

Often, medical care, however, is not the only need. For low-income people, lack of access to basic everyday needs and a poor physical environment can diminish health outcomes.

The Mitchell County Health Department is working to make care more accessible for all members of the population, especially low-income individuals who need assistance not only with medical care, but with everyday needs such as food, which can contribute to their long-term health.

Spotlight on Success

Access to Assistance for Everyday Needs: Mitchell County Health Department and faith community county-wide

For low-income people, being proactive about healthcare may seem like a distant concern when there are more pressing problems: there isn't enough to eat and the children don't have winter coats; the lights may be turned off. The mission of the Mitchell County Health Department is to assure conditions that allow the people of Avery, Mitchell, and Yancey counties to be healthy. It is accomplished through an organized community effort focusing on: health promotion, disease prevention, education and awareness, access to and provision of care, and quality and value.

Part of protecting and improving the health of the citizens of Avery, Mitchell, and Yancey counties is maintaining a healthy environment. The department provides services mandated or approved by the Department of Health and Human Services, Department of Environment and Natural Resources and the Toe River Health District Board of Health, but it's more than that. Fulfilling that mission requires sympathy and compassion toward the cliental in need, assisting them in any way possible.

That might mean referring them to a local church that offers a food pantry or helping them to find an agency that can assist them with a place to live. It includes nutrition education, tobacco use prevention and providing information and access to physical activities that promote health. Wellness isn't just physical, so the Health Department can make referrals to agencies that offer mental health services.

For low-income or poor families, the Health Department can be a lifeline to vital services that meet every day needs.

Partners

Addressing access to care and everyday needs for low-income individuals is complex and will require the collaborative planning, action, and coordination of multiple partners in our community. The following partner agencies and organizations are engaged in efforts to improve oral health in our community.

Organizations:	Primary Focus or Function	Website or Contact Information
Mitchell County DSS	Provides assistance and services to all eligible citizens of Mitchell County in a timely, efficient manner.	www.mitchellcounty.org/departments/socialservices.html
Mitchell County Health Department	Dedicated to protect and improve the health conditions of people and maintaining a healthy environment in Mitchell County; enabling them to be healthy, by working through an organized community effort focusing on: health promotion, disease prevention, education and awareness, access to and provision of care, and quality and value of life	www.toeriverhealth.org
Mitchell County Department of Transportation	Strives to provide easier mobility choices and to improve the economic well-being and quality of life for the community. The department strives to excel in providing safe, reliable, affordable, courteous public transit services that address the needs of Mitchell County residents	www.mitchellcounty.org/departments/transportation.html
Men's Baptist Association (Faith Community)	Many churches sense a responsibility to reach out to the community at large outside their walls. Local churches integrate sharing faith and meeting social needs. Faith motivates and shapes their outreach, but the focus of their ministry is meeting social needs, not nurturing faith in others.	n/a
Mitchell Senior Center (Meals on Wheels)	Faithful to assisting the older adults in Mitchell County to maintain their own home as long as possible; offering a variety of programs and services designed especially for the older adult	www.mitchellcounty.org/departments/seniorcenter
Bakersville Medical Clinic	Improve the health of every individual in the greater Mitchell County community while providing this care in a culturally sensitive, professional and compassionate manner with special emphasis on reaching the medically underserved population.	www.bakersvilleclinic.org
MY Health-E-Schools	Allows school nurses to connect ill students with health care providers.	http://crhi.org/MY-Health-e-Schools/index.html

	School-based health centers have been shown to improve attendance and reduce barriers to learning. MY Health-e-Schools increases classroom attendance for students and decrease time spent away from work for the parent or care giver of the student	
Shepard Staff	Provide temporary food and heating assistance to residents of Mitchell County who are in need	www.mcshepherdstaff.org
Tipton Hill Food Distribution (MANNA Food Bank)	Involving, educating, and uniting people in the work of ending hunger in Western North Carolina	www.mannafoodbank.org
Intermountain Children Services (HeadStart)	Partner with local Smart Start Partnerships, braiding Smart funds to increase and maintain high quality, comprehensive services for at -risk preschool children and their families	www.headstartnc.org
Mitchell-Yancey Partnership for Children	Enhance the lives of children birth to five and their families, through collaborative efforts that provide expanded and continuing opportunities for optimal growth and development	www.mypartnershipforchildren.org
AMY Regional Library System	To help communities create and maintain a foundation for literacy, economic development and democracy.	www.amyregionallibrary.org
Coalitions / Groups:		
Mitchell County Community Garden	Serves as a healthy, inexpensive activity for youth that can bring them closer to nature, and allow them to interact with each other in a socially meaningful and physically productive way. Hopes are that through the opportunities given through working with the garden, people will take what they have learned and continue on to strive for creating access to fresh produce in their own communities.	Jeffery Vance jeffery_vance@ncsu.edu
Green Valley Community Garden	Community-based, Christian outreach ministry located on the county line between Mitchell and Avery Counties, serving Spruce Pine and Newland. The garden consists of one acre space and tended by community volunteers and a garden manager. The mission is to help hunger relief agencies and provide fresh fruits and veggies to our neighbors in need of food assistance. The garden also serves as an "outdoor classroom" for the community members and local school children to learn about and put into practice technique of sustainable agriculture.	n/a

Access and Assistance for Low-Income Households Action Plan

Vision of Impact

Several residents are concerned for themselves and/or others struggling through everyday life and meeting daily necessities. Poverty is clearly the greatest disparity to health in the counties the local hospital serves. The poverty rate for all ages was higher than the comparable rates regional and statewide.

We envision a community where low-income individuals have the support they need to live a healthy life.

Community Objectives	**Baseline/Indicator Source**
By December 2015, maintain or lower Mitchell County's poverty level by conducting outreach opportunities to assist citizens of Mitchell County with the trial and tribulations of everyday life and meeting basic needs.	Census Data: Poverty Level Stats
Related Healthy NC 2020 Objective: Decrease the percentage of individuals living in poverty	Community Health Assessment Data

Strategy 1 – Launch media and outreach campaign to educate residents of accessible and available resources and opportunities locally.

Goal: *Live, Work, Play, and Worship in a community where low-income individuals have the resources and support they need to live a healthy, happy lifestyle*.

Strategy Background
Source: www.healthpovertyaction.org
Evidence Base*:* Poverty, education level, and housing are three important social determinants of health. These three factors are strongly correlated with individual health. People with higher incomes, more years of education, and a healthy and safe environment to live in have better health outcomes and generally have longer life expectancies.
Type of Change: Community & Individual Change

Partner Agencies
Lead: Mitchell County Department of Social Services
Collaborating: Mitchell County Health Department, Mitchell Senior Center, Mitchell County Department of Transportation, Media Outlets, Medical Community
Supporting: Mitchell Community Health Partnership, Faith Community, Local Food Pantries

Strategy Objective #1: By December 2015, a variety of educational materials and public relation messages will be disseminated through various media outlets.

Indicator: Number of media outlets containing messages regarding local resources and education.

Action Plan

Activity (what?)	**Resources Needed** (who? how much?)	**Anticipated Result** (what will happen?)	**Result Verification** (how will you know?)	**Target Date** (by when?)
Research and update local assets	MCHP members; Staff Time	Support for low-income residents	Number of contacts that offer services to low-income residents	December 2014
Design a toolkit featuring a variety of messages and resources	Mitchell County Health Dept; Staff Time; Materials	Help guide publicity efforts regarding access to resources and services	Total number of publicity methods used and messages published incorporated in toolkit	February 2015
Publish and distribute local	Mitchell County DSS; Staff Time;	Raise awareness of services offered locally	Number of directories distributed and	April 2015

Health and Human Service Directory	Materials; Printing		documentation of feedback	
Create and distribute a Volunteer Database	Mitchell County Senior Center; Staff Time; Materials	Residents/Agencies to seek out and find others who are willing to help	Number of contacts and volunteers	May 2015
Use local newspaper to submit articles	Mitchell County Health Dept; Staff Time; Materials	Educate residents about new and ongoing opportunities	Actual publication of articles and feedback from resource contacts	June 2015
Conduct PSA's with local radio station	Mitchell County DSS; Staff Time	Educate residents about new and ongoing opportunities	Prove of PSA's and total follow up calls/eval from resource contacts	June 2015
Host a series of Billboards to display public messages related to poverty	Mitchell County Health Dept; Staff Time; Materials; Funding	Create Awareness of local resources and agencies	Evaluation from resource contacts: *"How did you hear about us?"*	December 2015
Use agency newsletters/forms to include educational information	HeadStart Centers, School System, and SmartStart Partnership; Staff Time; Materials; Printing	Outreach to low-income parents, children, and families	Number of newsletters/forms	December 2015
Display messaging on community bulletin boards, public signs, and website/Facebook pages	MCHP members	Local resources and agencies to become widely recognized throughout the low-income population	Number of boards and signs displayed and number of website views	December 2015

Chapter 6

Next Steps

We will continue to work with a wide range of community partners to modify this Community Health Improvement Plan (CHIP) in the months and years ahead in Mitchell County. This CHIP will be used by partner organizations to complete agency specific reporting of roles and responsibilities (e.g., our health department and local hospitals), as well as informing agency strategic plans across the county where appropriate.

This CHIP will be widely disseminated electronically to partner organizations and used as a community roadmap to monitor and evaluate our collective efforts.

Dissemination of this CHIP will also include:
Present to the Toe River Health District Board of Health
Present to the Mitchell County Board of Commissioners
Present to the Mitchel Community Health Partnership
Distribution to Mitchell County School Administration
Distribution to doctors & nurses at Blue Ridge Regional Hospital
Distribution to Mitchell County Senior Center
Post on the local radio station website: www.wtoe.com
Conduct a Public Services Announcement with the local radio station
Publish on the monthly Health Page and posted on the local newspapers websites: www.mitchellnewsjournal.com & www.blueridgechristainnews.com
Make available on local agency websites and local libraries in Spruce Pine and Bakersville

Moving forward, the CHIP report will be updated to provide the framework for the annual State of the County's Health Report, which will be submitted and made publicly available in December 2013.

REFERENCES

NACCHO's CHA/CHIP Resource Center
http://www.naccho.org/topics/infrastructure/CHAIP/index.cfm

Wisconsin Association of Local Health Departments and Boards
http://www.walhdab.org/NewCHIPPResources.htm

NC Division of Public Health Community Health Assessment Resource Site
http://publichealth.nc.gov/lhd/cha/resources.htm

Template Implementation Plan v 1.0; 6/2012. Wisconsin CHIPP Infrastructure Improvement Project *Revised 7/2012 for NACCHO CHA/CHIP Project

NC DPH Community Health Assessment Guide Book
http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBookUpdatedDecember15-2011.pdf

Connecticut DPH Guide and Template for Comprehensive Health Improvement Planning
http://www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf

Bexar County CHIP http://www.bcchip.org/#!home/mainPage

Sedgwick County CHIP
http://www.sedgwickcounty.org/healthdept/communityhealthpriorities_2010.pdf

Kane County CHIP Executive Summary http://kanehealth.com/chip.htm

Kane County full CHIP http://kanehealth.com/chip.htm

GLOSSARY OF TERMS

Vision of Impact	Describe the impact that the work of the CHIP will have in the identified health priorities in your county at the end of three years. In other words, what does success look like in 2016?
Community Objective	Description of what the collaborative action team wants to accomplish by addressing the specific health priority.
Strategy	Also known as interventions or approaches which will address priority health issues.
Goal	The impact of the work you anticipate for a specific strategy
Strategy Objectives	Description of what is to be achieved or the specific change expected to occur within a specific time frame. Objectives should be SMART (Specific, Measurable, Achievable, Realistic, & Time Specific). Can have more than one objective for each strategy and related goal.
Indicators	Measurements used to determine whether the objectives were met. They answer the question: how will I know if the objective was accomplished?
Activities	Key components of the strategy needed to achieve the objective for the strategy.
Resources Needed	Description of what your community will need (staff time, materials, resources, etc.) to implement the specific activity.
Results	Also 'impacts, outputs, and outcomes'. It's what happens as a result of the completion of specific activities.
Result Verification	How you will know that results have been achieved for specific activities.
Target Date	The date results will be verified.
Lead	An organization in this role commits to seeing that the issue is addressed. It would take responsibility for developing the resources needed to advance the issue such as a detailed plan. It would focus on the day-to-day and long-range tasks of moving the goal forward. Organizations in a lead role would ask others to assist with specific tasks.
Collaborating	An organization in this role commits to significant help in advancing the issue. For example, it might assist with planning, assembling data, or developing policy options. It would participate regularly in developing strategy to advance the goal.
Supporting	An organization in this role commits to help with specific circumscribed tasks when asked. These tasks might include attending meetings or writing letters of support to move the goal forward.